

South Carolina Department of Social Services  
ABC Child Care Voucher System  
**PARTICIPATING PROVIDER ENROLLMENT FORM**

☐ New ☐ Updated

FEIN No.: \_\_\_\_\_ ( ) or Social Security No.: \_\_\_\_\_ ( )

Provider/Agency Name: \_\_\_\_\_

Facility Name: (If different from Provider Name) \_\_\_\_\_

Facility Co. Name: \_\_\_\_\_ Facility Telephone: \_\_\_\_\_

Director's Name: \_\_\_\_\_

Alternate Contact Person/Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Street Address, P.O. Box or Route Number

City

State

Zip Code

Payment Address: \_\_\_\_\_

Facility Street Address, P.O. Box or Route Number

City

State

Zip Code

Payment Telephone

**Hours of Operation**

**Days of Operation**

☐ 1st Shift \_\_\_\_\_ M to \_\_\_\_\_ M

M T W TH F SA SU

☐ 2nd Shift \_\_\_\_\_ M to \_\_\_\_\_ M

M T W TH F SA SU

☐ 3rd Shift \_\_\_\_\_ M to \_\_\_\_\_ M

M T W TH F SA SU

**1) Provider Type**

(Check only one)

- ☐ Center
- ☐ Accredited Center
- ☐ Group Day Care
- ☐ Family Day Care
- ☐ Exemption

**2) Regulatory Requirement**

(Check only one)

- ☐ License
- ☐ Approval
- ☐ Registration
- ☐ Exemption Letter
- ☐ DDSN
- ☐ Military

**3) Provider Category**

(Check as many as apply)

- ☐ Church Sponsored
- ☐ Private-for-profit
- ☐ Private-nonprofit
- ☐ Public Facility
- ☐ School District
- ☐ Less than 4 Hours/Day
- ☐ Summer Camp

**4) Ownership Status**

(Check one from each of the 3 categories below)

- ☐ Minority Owned
- ☐ Non-Minority Owned
- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Corporation
- ☐ Other
- ☐ State Employee
- ☐ Non-State Employee
- ☐ Legislator

**Regulatory Information:** Number: \_\_\_\_\_ Capacity: \_\_\_\_\_

If applicable, number of infants under 24 months of age: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**Care Types Provided:** (Check all that apply) ☐ 0-2 Full ☐ 3-5 Full ☐ 6-12 Full ☐ 0-2 Half ☐ 3-5 Half ☐ 6-12 Half

Support Services Specialist

Provider Enrollment Date